



# Division of State Operated Healthcare Facilities

---

## **Overview of Alcohol and Drug Abuse Treatment Centers (ADATC)**

**Presentation to LOC for MH/DD/SAS**

**February 10, 2009**

**J. Luckey Welsh, Jr., FACHE  
Director**



# Division of State Operated Healthcare Facilities (DSOHF)

---

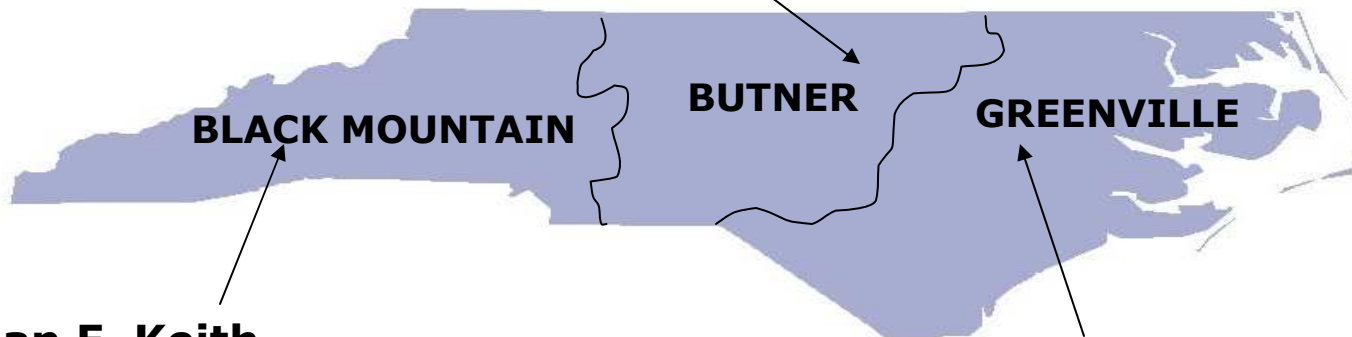
**We are a system of healthcare facilities that respects the dignity of individuals and provides individualized, compassionate, efficient, quality care to the citizens of North Carolina with developmental disabilities, substance use disorders and psychiatric illnesses and whose needs exceed the level of care available in the community.**

# Regions

---

## **R.J. Blackley**

Opened 1950  
Serves 25 central counties  
Opioid Treatment Program



## **Julian F. Keith**

Opened 1969  
Serves 38 western counties

## **Walter B. Jones**

Opened 1968  
Serves 37 eastern counties  
Statewide perinatal program for  
pregnant & post-partum women  
(babies under 12 months)



# Capacity

---

Facility	Acute Crisis Beds	Acute Rehab Beds	Average wait time *
<b>Julian F. Keith</b>	30	50	24 days
<b>R.J. Blackley</b>	21	44	8 days
<b>Walter B. Jones</b>	24	56	14 days

\* Acute Rehab wait time July 1, 2009 – December 31, 2009

\*\* No wait time for Acute Crisis Beds

\*\*\* R.J. Blackley will increase to 30 ACU and 50 ARS beds in August 2010 after the move to their new space.



# The ADATCs

---

- The three state operated Alcohol and Drug Abuse Treatment Centers (ADATCs) serve adults with addictions and/or co-occurring mental health disorders that are so severe they cannot be served in the community.
- ADATCs are certified by CMS as inpatient psychiatric hospitals.



# Changes at the ADATCs

---

- Originally, the programs in each of the 3 facilities were “rehab” programs offering only detox, education, recreation, VR, group therapy, and AA groups.
- The ADATCs now provide inpatient treatment services including:
  - Medically Monitored Detox
  - Psychiatric Services
  - 24/7 Nursing Care
  - Psychological Services
  - Evidence-Based Substance Abuse Treatment
  - Evidence-Based Mental Health Treatment
  - Family Therapy and Parenting
  - Licensed Recreational Services
  - Individual and Group Therapy
  - 12-Step and Dual Recovery Support Services



## Changes at the ADATCs (con't)

---

- Many of the ADATC programmatic changes were initiated by the move to acute crisis treatment.
- In 2001, the initial vision of the Acute Crisis Units (ACUs) was presented to the legislature. The ACUs were initially designed to treat individuals with complicated detox needs.
- This vision for the ACU beds changed to include serving individuals who may be under Involuntary Commitment and who would in the past have been referred to the State Psychiatric Hospitals.
- In 2004, the ADATC mission statement changed to reflect a co-occurring treatment focus and the move to a more acute crisis treatment approach.



# ADATC Mission Statement

---

**To provide medically monitored  
detoxification/crisis stabilization  
and short-term treatment  
preparing adults with substance  
use and co-occurring disorders  
for ongoing community based  
recovery services.**





# Total ADATC Admissions

---

SFY 2007	SFY 2008	SFY 2009
<b>3530</b>	<b>4327</b>	<b>4204</b>



# ACU/ARS Admissions

---

		SFY					
		<u>2007</u>		<u>2008</u>		<u>2009</u>	
		ACU	ARS	ACU	ARS	ACU	ARS
Julian F. Keith, ADATC		430	983	536	1079	676	644
Walter B Jones, ADATC		n/a *	974	1087	657	1319	542
RJ Blackley, ADATC		n/a **	1143	266	702	658	365
TOTALS			3100	<b>1889</b>	2438	<b>2653</b>	1551

\* WBJ ACU opened July 2007

\*\* RJB data not separated from JUH FY 2007



# Acute Crisis Unit Admissions

---

- The ADATCs now serve individuals under Involuntary Commitment (IVC).
- In SFY 09, 63% of all individuals referred to an ADATC came through the Acute Crisis Units (ACUs) from Emergency Rooms. The number and percentage of individuals served in the ACUs will increase now that the JFK ADATC ACU beds are fully operational.
- If the ADATC ACUs were unavailable, these individuals would have been referred to the State Psychiatric Hospitals.



## IVCs

---

Facility	ACU*
<b>Julian F. Keith</b>	55%
<b>R.J. Blackley</b>	42%
<b>Walter B. Jones</b>	48%

\*Percentage of ACU IVC admissions



# SA Only Admissions to State Psychiatric Hospitals

---

	07/01/2006 - 06/30/2007	07/01/2007 - 06/30/2008	07/01/2008 - 06/30/2009	07/01/2009 - 12/31/2009
Total SA only Admissions to State Psychiatric Hospital	1549	813	800	176



# Population Change: Acute Rehab Service

---

- In SFY 2009, 41% of patients served in the Acute Crisis Units stepped down to continue receiving Acute Rehab Services.
- The ADATCs continue to admit individuals directly in to Acute Rehab Service who have been unable to achieve sobriety and recovery in community but also meet inpatient admission criteria.



# Population Change: Co-Occurring

---

- The change to a more acute care model also changed the population served both in Acute Crisis Units and Acute Rehab Service.
- In First Quarter SFY 2010, 66% of individuals served at the ADATCs had a co-occurring mental health diagnoses.



# Diagnostic Categories

---

<b>Admissions 7/1/09 – 9/30/09</b>	
Major Depression	27%
Bipolar Disorder	18%
Anxiety Disorder	17%
Post-Traumatic Stress Disorder	11%
Schizophrenia	5%
Personality Disorder	3%

Source: ADATC NC-TOPPS





## Program Redesign/Implementation

---

- In response to the changing population's needs, the ADATCs developed a new treatment model for individuals with substance use and co-occurring disorders.
- The ADATCs began implementation of the newly developed treatment model in 2006.
- This is an innovative evidence-based model that has been implemented at all ADATCs and presented nationally.



# Challenges

---

## ○ Resources:

- Budgetary
- Staffing
- Ongoing training needs of employees
- Equipment
- Information Technology



# Summary

---

- Increased acute care capacity for individuals with substance use disorders
- Decreased “Substance Abuse Only” admissions to the State Psychiatric Hospitals
- Introduced an evidence-based treatment model to better meet the needs of the people we serve
- Maintained low recidivism rate of 3%
- Provide treatment for high-risk pregnant women and help the next generation of North Carolinians
- We are the safety net for North Carolinians with the most severe substance use and co-occurring disorders



---

# Questions

?